



## Dietary Preference Form for Meal Modification

Requests for students that require non-medically certified dietary needs such as food intolerances/sensitivities and food preferences due to ethical, religious and/or cultural beliefs may be accommodated. **Please complete this form and return to the Nutrition Services department.** A physician's signature is **not** needed. The meal modifications will continue until a parent or legal guardian requests that the modifications be changed or stopped.

**Part A. Student, Parent/Guardian & School/Site Contact Information – To be completed by a parent/guardian or school/site contact person.**

1. School/Site	2. Name of Child	3. Child's Date of Birth
4. Name of Parent or Guardian		5. Phone Number

**Part B. Dietary Preference Request – This may be completed by a parent or legal guardian as specified above. All sections must be completed.**

1. Check:

- Medical need not documented by physician.
- Religious, ethical or cultural reasons that do not rise to the level of a disability.

2. Specify the meal modification requested:

---



---



---

3. Foods to be Omitted and Appropriate Substitutions:

Foods To Be Omitted	Suggested Substitutions

**Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.**

I give permission for school/site personnel responsible for implementing my child's diet request to discuss my child's special dietary accommodations with any appropriate school/site staff.

Parent/Legal Guardian's Signature & Date: